

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 19 1942

Registration District No. 167Primary Registration District No. 5335 4098

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County Chariton  
 (b) City or town Brunswick  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution (Specify whether  
 In this community  
 years, months or days)

3. (a) PRINT FULL NAME Martha Ann Tillett

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 29 1855  
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 3 If less than one day  
 hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Kentucky  
(City, town, or county) (State or foreign country)10. Usual occupation At Home11. Industry or business Housework

12. Name Dont Know  
 13. Birthplace Dont Know  
 (City, town, or county) (State or foreign country)

14. Maiden name Dont Know  
 15. Birthplace Dont Know  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Newton Tillett(b) Address Brunswick, Mo.

17. (a) Burial (b) Date thereof 1--4-1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick Mo.18. (a) Signature of funeral director R. W. ...(b) Address Brunswick, Mo.

19. (a) Jan 5 1942 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton  
 (c) City or town Brunswick  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2nd.  
 year 1942 hour 2 minute 0 P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1939 to July 1, 1941;  
 that I last saw her alive on July 1, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Probably pneumonia  
Senile exhaustion

Due to fractured femur  
necessitating confinement

Due to ment by bed  
causing bed sores

Other conditions has taken very  
 (Include pregnancy within 3 months of death)  
little good for 1 yr

Major findings: Had no physician  
in attendance for 6 months  
 Of autopsy none

Underline the cause of death which should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence @ 2.1  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury 0

23. Signature Harry E. Tatum (M. D. or other)  
 Address Brunswick, Mo. Date signed 1/3/42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File No. ....

Date filed 2-12-42....

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed L. W. Gessner.....

Licensed Embalmer No. 823.....

P. O. Address Brunswick, Ga......

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1984  
Registrar's No. ....

Registration District No. 169 Primary Registration District No. 4098

1. PLACE OF DEATH:

- (a) County Chariton  
(b) City or town Brunswick  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community. years, months or days)

3. (a) PRINT FULL NAME Martha A. Lillett

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced. S

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 29  
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 8 (If less than one day min.)

9. Birthplace. (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace. (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace. (City, town, or county) (State or foreign country)

16. (a) Informant.

(b) Address.

17. (a) (Burial, cremation, or removal) (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation.

18. (a) Signature of funeral director.

(b) Address.

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State. (b) County.  
(c) City or town. (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 9. 19. that I last saw him alive on 19. and that death occurred on the date and hour stated above. Immediate cause of death

Fracture femur  
Death due to  
exhaustion from  
bed sores following  
confinement to  
bed due to fractured  
femur. Leg was  
fractured 12 yrs  
prior to death.  
Of autopsy no autopsy

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence About Jan 1940  
(c) Where did injury occur at home (fell down stairs) (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? happened near Brunswick Mo  
While at work? yes (Specify type of place) (e) Means of injury fall  
23. Signature Harry E. Tatum (M. D. or other) Address Brunswick Mo. Date signed 2/1/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

